

Docket No.: 025444.1132-US01 (PATENT)

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of: Melton B. Affrime et al.

Application No.: 09/760,588

Group Art Unit: 1614

Filed: January 16, 2001

Examiner: M. C. Delacroix

For: TREATING ALLERGIC AND

INFLAMMATORY CONDITIONS

TRANSMITTAL LETTER

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed are the following items for filing in connection with the above-referenced Patent Application:

- 1. Amendment Transmittal Letter (in duplicate);
- 2. Response After Final Action (37 C.F.R. Section 1.116);
- 3. Third Supplemental Information Disclosure Statement;
- 4. Form PTO/SB/08a/b;
- 5. Check No. 351002 for \$180.00 to cover the IDS submission fee; and
- 6. Return receipt postcard.

The Director is hereby authorized to charge any deficiency in the fees filed, asserted to be filed or which should have been filed herewith (or with any paper hereafter filed in this application by this firm) to our Deposit Account No. 50-0740, under Docket No. 025444.1132-US01. A duplicate copy of this paper is enclosed.

It is not believed that extensions of time or fees for net addition of claims are required beyond those that may otherwise be provided for in documents accompanying this paper. However, if additional extensions of time are necessary to prevent abandonment of this application, then such extensions of time are hereby petitioned under 37 C.F.R. § 1.136(a), and any fees required therefor (including fees for net addition of claims) are hereby authorized to be charged to our Deposit Account No. 50-0740.

Dated: September 16, 2005

Respectfully submitted,

Paul J. Berman

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Attorney for Applicant



AMENDMENT TRANSMITTAL LETTER

Docket No. 025444.1132-US01

Application No. Filing Date Examiner Art Unit 1614 09/760,588-Conf. #4299 January 16, 2001 M. C. Delacroix

Applicant(s): Melton B. Affrime et al.

Invention: TREATING ALLERGIC AND INFLAMMATORY CONDITIONS

TO THE COMMISSIONER FOR PATENTS

Transmitted herewith is an amendment in the above-identified application.

| | | CLAIM | S AS AMENI | DED | |
|---|--|---|-----------------------------------|--|-----------------------|
| | Claims Remaining After Amendment | Highest Number Previously Paid | Number Extra Claims Present | Rate | |
| Total Claims | 22 | - 58 = | | х | |
| Independent Claims | 6 | - 14 = | | x | |
| Multiple Depend | lent Claims (ch | eck if applicabl | e) | | |
| Other fee (please specify): IDS Submission Fee | | | | | \$180.00 |
| TOTAL ADDITIONAL FEE FOR THIS AMENDMENT: | | | | | \$180.00 |
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